



MPS CUSTOMER APPLICATION

Toll Free: 888-330-8477
Telephone: 540-672-7600

AcctInfo@mps virginia.com
Fax 540-672-7540

16365 James Madison Hwy.
Gordonsville, VA 22942

CREDIT APPLICATION

Billing Address

Business Name

Doing Business As

Address

City/State Zip

Contact Person

Telephone

Fax

Years in Business?

DUNS Number

Banking Information

Banking Institution Name

Address

City/State Zip

Ownership (please check):

Corporation _____ Partnershi _____ Cooperative _____ Institutional _____
P

Other (please list) _____

Business References

Please list three businesses (including address and phone number) from which you purchase on open credit.

Telephone _____

Telephone _____

Shipping Address (if different from Billing)

Business Name

Address

City/State Zip

Email

SAN#

Type of Business

Tax Exemption # and/or State Resale #
Original Certificate is Required

Account #



Telephone _____

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CUSTOMER SUPPORT QUESTIONNAIRE

Please provide answers to each of the following questions so that we may better support you.

How do you intend to place your orders?

Fax _____ Telephone _____ Pub Easy _____

E-Mail _____ Pub Source _____ EDI _____

Via Sales Rep _____

*Please circle one answer
to indicate your response*

Are books more than 50% of your planned inventory?

Yes No

Do you wish to buy on returnable or non-returnable terms?

Returnable Non-Returnable

Are you a member of either the American Booksellers Association or the Regional Booksellers Association?

Yes No

Will you accept Title Substitutions if the ordered product is unavailable?

Yes No

Would you like us to place backorder requests for unavailable products?

Yes No

Please indicate the number of months you prefer orders with Not Yet Published (NYP) Titles to remain open.

Please indicate the number of months you prefer to keep all backordered Backlist Titles to remain open.

Would you like your invoices to be mailed? *If yes, please note that invoices will be sent to the billing address.*

Yes No

*Please send your completed application to the address/email address/fax number listed above. After reviewing your application, we will provide you with the necessary tax exemption documentation based on the state **indicated in your shipping address.***

Thank you very much for contacting MPS. We look forward to working with you in the near future!